

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By \_\_\_\_\_

1 AMEND Senate Substitute for Senate Bill No. 621, Page 1, In the Title, Line 3, by deleting the  
2 word "telehealth" and inserting in lieu thereof the words "health care"; and  
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4 Further amend said bill and page, Section A, Line 4, by inserting after all of said section and line  
5 the following:  
6

7 "9.154. 1. August 28, 2016, and thereafter the date designated by the show-me  
8 compassionate medical education research project committee established in section 191.596, shall  
9 be designated as "Show-Me Compassionate Medical Education Day" in Missouri. The citizens of  
10 the state of Missouri are encouraged to participate in appropriate activities and events to increase  
11 awareness regarding medical education, medical student well-being, and measures that have been  
12 shown to be effective, are currently being evaluated for effectiveness, and are being proposed for  
13 effectiveness in positively impacting medical student well-being and education.

14 2. The director of the department of mental health shall notify the revisor of statutes of the  
15 date selected by the show-me compassionate medical education research project committee for the  
16 show-me compassionate medical education day.

17 191.594. 1. Sections 191.594 to 191.596 shall be known and may be cited as the "Show-Me  
18 Compassionate Medical Education Act".

19 2. No medical school in this state shall prohibit, discourage, or otherwise restrict a medical  
20 student organization or medical organization from undertaking or conducting a study of the  
21 prevalence of depression and suicide or other mental health issues among medical students. No  
22 medical school in this state shall penalize, discipline, or otherwise take any adverse action against a  
23 student or a medical student organization in connection with such student's or medical student  
24 organization's participation in, planning, or conducting a study of the prevalence of depression and  
25 suicide or other mental health issues among medical students.

26 3. For purposes of this section, the following terms shall mean:

27 (1) "Medical organization" includes, but is not limited to, organizations such as the Missouri  
28 State Medical Association and the Missouri Association of Osteopathic Physicians and Surgeons;

29 (2) "Medical school", any allopathic or osteopathic school of medicine in this state;

30 (3) "Medical student organization" includes, but is not limited to, organizations such as the  
31 American Medical Student Association, the Student Osteopathic Medical Association, and any  
32 medical student section of a medical organization.

33 191.596. 1. Medical schools in this state may, in collaboration with the show-me  
34 compassionate medical education research project committee, conduct a single center or multicenter  
35 study or studies, which, if conducted, shall be known as the "Show-Me Compassionate Medical  
36 Education Research Project", in order to facilitate the collection of data and implement practices and

Standing Action Taken \_\_\_\_\_ Date \_\_\_\_\_

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1 protocols to minimize stress and reduce the risk of depression and suicide for medical students in  
 2 this state.

3 2. There is hereby established the "Show-Me Compassionate Medical Education Research  
 4 Project Committee", which shall consist of representatives from each of the medical schools in this  
 5 state and the director of the department of mental health, or the director's designee. The committee  
 6 shall:

7 (1) Conduct an initial meeting on August 28, 2016, to organize, and meet as necessary  
 8 thereafter to implement any research project conducted; and

9 (2) Set the date for the show-me compassionate medical education day designated under  
 10 section 9.154. The date selected shall be for 2017 and every year thereafter.

11 3. Any single center or multicenter study undertaken by the committee or its member  
 12 schools may include, but need not be limited to, the following:

13 (1) Development of study protocols designed to identify the root causes that contribute to  
 14 the risk of depression and suicide for medical students;

15 (2) Examination of the culture and academic program of medical schools that may  
 16 contribute to the risk of depression and suicide for medical students;

17 (3) Collection of any relevant additional data including, but not limited to, consultation and  
 18 collaboration with mental health professionals and mental health resources in the communities  
 19 where medical schools are located;

20 (4) Collaboration between the medical schools in this state in order to share information and  
 21 to identify and make recommendations under subdivision (5) of this subsection; and

22 (5) Based on the data and findings under subdivisions (1) to (3) of this subsection:

23 (a) Identification of the best practices to be implemented at each medical school designed to  
 24 address the root causes and changes in medical school culture in order to minimize stress and reduce  
 25 the risk of depression and suicide for medical students;

26 (b) Recommendation of any statutory or regulatory changes regarding licensure of medical  
 27 professionals and recommendation of any changes to common practices associated with medical  
 28 training or medical practice that the committee believes will accomplish the goals set out in this  
 29 section.

30 4. The committee shall prepare an annual report that shall include any information under  
 31 subdivision (5) of subsection 3 of this section and any measures reported by any medical school as a  
 32 result of the findings under this section. The report shall be made available annually on each  
 33 medical school's website and to the Missouri general assembly."; and  
 34

35 Further amend said bill and page, Section 191.1145, Line 3, by deleting the words "store and  
 36 forward" and inserting in lieu thereof the words "store-and-forward"; and  
 37

38 Further amend said bill and section, Page 2, Line 14, by deleting the words "store and forward" and  
 39 inserting in lieu thereof the words "store-and-forward"; and  
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41 Further amend said bill, page, and section, Line 16, by deleting the word "and"; and  
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43 Further amend said bill, page, and section, Lines 29 and 30, by deleting all of said lines and  
 44 inserting in lieu thereof the following:  
 45

46 "3. In order to treat patients in this state through the use of telemedicine or telehealth, health  
 47 care providers shall be fully licensed to practice"; and  
 48

1 Further amend said bill, page, and section, Line 40, by deleting the words "disaster, provided that"  
2 and inserting in lieu thereof the words "disaster; provided that,"; and

3  
4 Further amend said bill, Page 3, Section 191.1146, Line 23, by deleting the word "through" and  
5 inserting in lieu thereof the word "via"; and

6  
7 Further amend said bill, page, and section, Line 25, by inserting after all of said section and line the  
8 following:

9  
10 "208.152. 1. MO HealthNet payments shall be made on behalf of those eligible needy  
11 persons as [defined] described in section 208.151 who are unable to provide for it in whole or in  
12 part, with any payments to be made on the basis of the reasonable cost of the care or reasonable  
13 charge for the services as defined and determined by the MO HealthNet division, unless otherwise  
14 hereinafter provided, for the following:

15 (1) Inpatient hospital services, except to persons in an institution for mental diseases who  
16 are under the age of sixty-five years and over the age of twenty-one years; provided that the MO  
17 HealthNet division shall provide through rule and regulation an exception process for coverage of  
18 inpatient costs in those cases requiring treatment beyond the seventy-fifth percentile professional  
19 activities study (PAS) or the MO HealthNet children's diagnosis length-of-stay schedule; and  
20 provided further that the MO HealthNet division shall take into account through its payment system  
21 for hospital services the situation of hospitals which serve a disproportionate number of low-income  
22 patients;

23 (2) All outpatient hospital services, payments therefor to be in amounts which represent no  
24 more than eighty percent of the lesser of reasonable costs or customary charges for such services,  
25 determined in accordance with the principles set forth in Title XVIII A and B, Public Law 89-97,  
26 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et seq.), but the MO  
27 HealthNet division may evaluate outpatient hospital services rendered under this section and deny  
28 payment for services which are determined by the MO HealthNet division not to be medically  
29 necessary, in accordance with federal law and regulations;

30 (3) Laboratory and X-ray services;

31 (4) Nursing home services for participants, except to persons with more than five hundred  
32 thousand dollars equity in their home or except for persons in an institution for mental diseases who  
33 are under the age of sixty-five years, when residing in a hospital licensed by the department of  
34 health and senior services or a nursing home licensed by the department of health and senior  
35 services or appropriate licensing authority of other states or government-owned and -operated  
36 institutions which are determined to conform to standards equivalent to licensing requirements in  
37 Title XIX of the federal Social Security Act (42 U.S.C. Section 301, et seq.), as amended, for  
38 nursing facilities. The MO HealthNet division may recognize through its payment methodology for  
39 nursing facilities those nursing facilities which serve a high volume of MO HealthNet patients. The  
40 MO HealthNet division when determining the amount of the benefit payments to be made on behalf  
41 of persons under the age of twenty-one in a nursing facility may consider nursing facilities  
42 furnishing care to persons under the age of twenty-one as a classification separate from other  
43 nursing facilities;

44 (5) Nursing home costs for participants receiving benefit payments under subdivision (4) of  
45 this subsection for those days, which shall not exceed twelve per any period of six consecutive  
46 months, during which the participant is on a temporary leave of absence from the hospital or  
47 nursing home, provided that no such participant shall be allowed a temporary leave of absence  
48 unless it is specifically provided for in his plan of care. As used in this subdivision, the term

1 "temporary leave of absence" shall include all periods of time during which a participant is away  
2 from the hospital or nursing home overnight because he is visiting a friend or relative;

3 (6) Physicians' services, whether furnished in the office, home, hospital, nursing home, or  
4 elsewhere;

5 (7) Drugs and medicines when prescribed by a licensed physician, dentist, podiatrist, or an  
6 advanced practice registered nurse; except that no payment for drugs and medicines prescribed on  
7 and after January 1, 2006, by a licensed physician, dentist, podiatrist, or an advanced practice  
8 registered nurse may be made on behalf of any person who qualifies for prescription drug coverage  
9 under the provisions of P.L. 108-173;

10 (8) Emergency ambulance services and, effective January 1, 1990, medically necessary  
11 transportation to scheduled, physician-prescribed nonelective treatments;

12 (9) Early and periodic screening and diagnosis of individuals who are under the age of  
13 twenty-one to ascertain their physical or mental defects, and health care, treatment, and other  
14 measures to correct or ameliorate defects and chronic conditions discovered thereby. Such services  
15 shall be provided in accordance with the provisions of Section 6403 of P.L. 101-239 and federal  
16 regulations promulgated thereunder;

17 (10) Home health care services;

18 (11) Family planning as defined by federal rules and regulations; provided, however, that  
19 such family planning services shall not include abortions unless such abortions are certified in  
20 writing by a physician to the MO HealthNet agency that, in the physician's professional judgment,  
21 the life of the mother would be endangered if the fetus were carried to term;

22 (12) Inpatient psychiatric hospital services for individuals under age twenty-one as defined  
23 in Title XIX of the federal Social Security Act (42 U.S.C. Section 1396d, et seq.);

24 (13) Outpatient surgical procedures, including presurgical diagnostic services performed in  
25 ambulatory surgical facilities which are licensed by the department of health and senior services of  
26 the state of Missouri; except, that such outpatient surgical services shall not include persons who are  
27 eligible for coverage under Part B of Title XVIII, Public Law 89-97, 1965 amendments to the  
28 federal Social Security Act, as amended, if exclusion of such persons is permitted under Title XIX,  
29 Public Law 89-97, 1965 amendments to the federal Social Security Act, as amended;

30 (14) Personal care services which are medically oriented tasks having to do with a person's  
31 physical requirements, as opposed to housekeeping requirements, which enable a person to be  
32 treated by his or her physician on an outpatient rather than on an inpatient or residential basis in a  
33 hospital, intermediate care facility, or skilled nursing facility. Personal care services shall be  
34 rendered by an individual not a member of the participant's family who is qualified to provide such  
35 services where the services are prescribed by a physician in accordance with a plan of treatment and  
36 are supervised by a licensed nurse. Persons eligible to receive personal care services shall be those  
37 persons who would otherwise require placement in a hospital, intermediate care facility, or skilled  
38 nursing facility. Benefits payable for personal care services shall not exceed for any one participant  
39 one hundred percent of the average statewide charge for care and treatment in an intermediate care  
40 facility for a comparable period of time. Such services, when delivered in a residential care facility  
41 or assisted living facility licensed under chapter 198 shall be authorized on a tier level based on the  
42 services the resident requires and the frequency of the services. A resident of such facility who  
43 qualifies for assistance under section 208.030 shall, at a minimum, if prescribed by a physician,  
44 qualify for the tier level with the fewest services. The rate paid to providers for each tier of service  
45 shall be set subject to appropriations. Subject to appropriations, each resident of such facility who  
46 qualifies for assistance under section 208.030 and meets the level of care required in this section  
47 shall, at a minimum, if prescribed by a physician, be authorized up to one hour of personal care  
48 services per day. Authorized units of personal care services shall not be reduced or tier level

1 lowered unless an order approving such reduction or lowering is obtained from the resident's  
2 personal physician. Such authorized units of personal care services or tier level shall be transferred  
3 with such resident if he or she transfers to another such facility. Such provision shall terminate  
4 upon receipt of relevant waivers from the federal Department of Health and Human Services. If the  
5 Centers for Medicare and Medicaid Services determines that such provision does not comply with  
6 the state plan, this provision shall be null and void. The MO HealthNet division shall notify the  
7 revisor of statutes as to whether the relevant waivers are approved or a determination of  
8 noncompliance is made;

9 (15) Mental health services. The state plan for providing medical assistance under Title  
10 XIX of the Social Security Act, 42 U.S.C. Section 301, as amended, shall include the following  
11 mental health services when such services are provided by community mental health facilities  
12 operated by the department of mental health or designated by the department of mental health as a  
13 community mental health facility or as an alcohol and drug abuse facility or as a child-serving  
14 agency within the comprehensive children's mental health service system established in section  
15 630.097. The department of mental health shall establish by administrative rule the definition and  
16 criteria for designation as a community mental health facility and for designation as an alcohol and  
17 drug abuse facility. Such mental health services shall include:

18 (a) Outpatient mental health services including preventive, diagnostic, therapeutic,  
19 rehabilitative, and palliative interventions rendered to individuals in an individual or group setting  
20 by a mental health professional in accordance with a plan of treatment appropriately established,  
21 implemented, monitored, and revised under the auspices of a therapeutic team as a part of client  
22 services management;

23 (b) Clinic mental health services including preventive, diagnostic, therapeutic,  
24 rehabilitative, and palliative interventions rendered to individuals in an individual or group setting  
25 by a mental health professional in accordance with a plan of treatment appropriately established,  
26 implemented, monitored, and revised under the auspices of a therapeutic team as a part of client  
27 services management;

28 (c) Rehabilitative mental health and alcohol and drug abuse services including home and  
29 community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions  
30 rendered to individuals in an individual or group setting by a mental health or alcohol and drug  
31 abuse professional in accordance with a plan of treatment appropriately established, implemented,  
32 monitored, and revised under the auspices of a therapeutic team as a part of client services  
33 management. As used in this section, mental health professional and alcohol and drug abuse  
34 professional shall be defined by the department of mental health pursuant to duly promulgated rules.  
35 With respect to services established by this subdivision, the department of social services, MO  
36 HealthNet division, shall enter into an agreement with the department of mental health. Matching  
37 funds for outpatient mental health services, clinic mental health services, and rehabilitation services  
38 for mental health and alcohol and drug abuse shall be certified by the department of mental health to  
39 the MO HealthNet division. The agreement shall establish a mechanism for the joint  
40 implementation of the provisions of this subdivision. In addition, the agreement shall establish a  
41 mechanism by which rates for services may be jointly developed;

42 (16) Such additional services as defined by the MO HealthNet division to be furnished  
43 under waivers of federal statutory requirements as provided for and authorized by the federal Social  
44 Security Act (42 U.S.C. Section 301, et seq.) subject to appropriation by the general assembly;

45 (17) The services of an advanced practice registered nurse with a collaborative practice  
46 agreement to the extent that such services are provided in accordance with chapters 334 and 335,  
47 and regulations promulgated thereunder;

48 (18) Nursing home costs for participants receiving benefit payments under subdivision (4)

1 of this subsection to reserve a bed for the participant in the nursing home during the time that the  
2 participant is absent due to admission to a hospital for services which cannot be performed on an  
3 outpatient basis, subject to the provisions of this subdivision:

4 (a) The provisions of this subdivision shall apply only if:

5 a. The occupancy rate of the nursing home is at or above ninety-seven percent of MO  
6 HealthNet certified licensed beds, according to the most recent quarterly census provided to the  
7 department of health and senior services which was taken prior to when the participant is admitted  
8 to the hospital; and

9 b. The patient is admitted to a hospital for a medical condition with an anticipated stay of  
10 three days or less;

11 (b) The payment to be made under this subdivision shall be provided for a maximum of  
12 three days per hospital stay;

13 (c) For each day that nursing home costs are paid on behalf of a participant under this  
14 subdivision during any period of six consecutive months such participant shall, during the same  
15 period of six consecutive months, be ineligible for payment of nursing home costs of two otherwise  
16 available temporary leave of absence days provided under subdivision (5) of this subsection; and

17 (d) The provisions of this subdivision shall not apply unless the nursing home receives  
18 notice from the participant or the participant's responsible party that the participant intends to return  
19 to the nursing home following the hospital stay. If the nursing home receives such notification and  
20 all other provisions of this subsection have been satisfied, the nursing home shall provide notice to  
21 the participant or the participant's responsible party prior to release of the reserved bed;

22 (19) Prescribed medically necessary durable medical equipment. An electronic web-based  
23 prior authorization system using best medical evidence and care and treatment guidelines consistent  
24 with national standards shall be used to verify medical need;

25 (20) Hospice care. As used in this subdivision, the term "hospice care" means a coordinated  
26 program of active professional medical attention within a home, outpatient and inpatient care which  
27 treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary  
28 team. The program provides relief of severe pain or other physical symptoms and supportive care  
29 to meet the special needs arising out of physical, psychological, spiritual, social, and economic  
30 stresses which are experienced during the final stages of illness, and during dying and bereavement  
31 and meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part  
32 418. The rate of reimbursement paid by the MO HealthNet division to the hospice provider for  
33 room and board furnished by a nursing home to an eligible hospice patient shall not be less than  
34 ninety-five percent of the rate of reimbursement which would have been paid for facility services in  
35 that nursing home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L.  
36 101-239 (Omnibus Budget Reconciliation Act of 1989);

37 (21) Prescribed medically necessary dental services. Such services shall be subject to  
38 appropriations. An electronic web-based prior authorization system using best medical evidence  
39 and care and treatment guidelines consistent with national standards shall be used to verify medical  
40 need;

41 (22) Prescribed medically necessary optometric services. Such services shall be subject to  
42 appropriations. An electronic web-based prior authorization system using best medical evidence  
43 and care and treatment guidelines consistent with national standards shall be used to verify medical  
44 need;

45 (23) Blood clotting products-related services. For persons diagnosed with a bleeding  
46 disorder, as defined in section 338.400, reliant on blood clotting products, as defined in section  
47 338.400, such services include:

48 (a) Home delivery of blood clotting products and ancillary infusion equipment and supplies,

1 including the emergency deliveries of the product when medically necessary;

2 (b) Medically necessary ancillary infusion equipment and supplies required to administer  
3 the blood clotting products; and

4 (c) Assessments conducted in the participant's home by a pharmacist, nurse, or local home  
5 health care agency trained in bleeding disorders when deemed necessary by the participant's treating  
6 physician;

7 (24) The MO HealthNet division shall, by January 1, 2008, and annually thereafter, report  
8 the status of MO HealthNet provider reimbursement rates as compared to one hundred percent of  
9 the Medicare reimbursement rates and compared to the average dental reimbursement rates paid by  
10 third-party payors licensed by the state. The MO HealthNet division shall, by July 1, 2008, provide  
11 to the general assembly a four-year plan to achieve parity with Medicare reimbursement rates and  
12 for third-party payor average dental reimbursement rates. Such plan shall be subject to  
13 appropriation and the division shall include in its annual budget request to the governor the  
14 necessary funding needed to complete the four-year plan developed under this subdivision.

15 2. Additional benefit payments for medical assistance shall be made on behalf of those  
16 eligible needy children, pregnant women and blind persons with any payments to be made on the  
17 basis of the reasonable cost of the care or reasonable charge for the services as defined and  
18 determined by the MO HealthNet division, unless otherwise hereinafter provided, for the following:

19 (1) Dental services;

20 (2) Services of podiatrists as defined in section 330.010;

21 (3) Optometric services as [defined] described in section 336.010;

22 (4) Orthopedic devices or other prosthetics, including eye glasses, dentures, hearing aids,  
23 and wheelchairs;

24 (5) Hospice care. As used in this subdivision, the term "hospice care" means a coordinated  
25 program of active professional medical attention within a home, outpatient and inpatient care which  
26 treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary  
27 team. The program provides relief of severe pain or other physical symptoms and supportive care  
28 to meet the special needs arising out of physical, psychological, spiritual, social, and economic  
29 stresses which are experienced during the final stages of illness, and during dying and bereavement  
30 and meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part  
31 418. The rate of reimbursement paid by the MO HealthNet division to the hospice provider for  
32 room and board furnished by a nursing home to an eligible hospice patient shall not be less than  
33 ninety-five percent of the rate of reimbursement which would have been paid for facility services in  
34 that nursing home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L.  
35 101-239 (Omnibus Budget Reconciliation Act of 1989);

36 (6) Comprehensive day rehabilitation services beginning early posttrauma as part of a  
37 coordinated system of care for individuals with disabling impairments. Rehabilitation services must  
38 be based on an individualized, goal-oriented, comprehensive and coordinated treatment plan  
39 developed, implemented, and monitored through an interdisciplinary assessment designed to restore  
40 an individual to optimal level of physical, cognitive, and behavioral function. The MO HealthNet  
41 division shall establish by administrative rule the definition and criteria for designation of a  
42 comprehensive day rehabilitation service facility, benefit limitations and payment mechanism. Any  
43 rule or portion of a rule, as that term is defined in section 536.010, that is created under the  
44 authority delegated in this subdivision shall become effective only if it complies with and is subject  
45 to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter  
46 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter  
47 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held  
48 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after

1 August 28, 2005, shall be invalid and void.

2 3. The MO HealthNet division may require any participant receiving MO HealthNet  
3 benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after July 1,  
4 2008, as defined by rule duly promulgated by the MO HealthNet division, for all covered services  
5 except for those services covered under subdivisions (14) and (15) of subsection 1 of this section  
6 and sections 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the  
7 federal Social Security Act (42 U.S.C. Section 1396, et seq.) and regulations thereunder. When  
8 substitution of a generic drug is permitted by the prescriber according to section 338.056, and a  
9 generic drug is substituted for a name-brand drug, the MO HealthNet division may not lower or  
10 delete the requirement to make a co-payment pursuant to regulations of Title XIX of the federal  
11 Social Security Act. A provider of goods or services described under this section must collect from  
12 all participants the additional payment that may be required by the MO HealthNet division under  
13 authority granted herein, if the division exercises that authority, to remain eligible as a provider.  
14 Any payments made by participants under this section shall be in addition to and not in lieu of  
15 payments made by the state for goods or services described herein except the participant portion of  
16 the pharmacy professional dispensing fee shall be in addition to and not in lieu of payments to  
17 pharmacists. A provider may collect the co-payment at the time a service is provided or at a later  
18 date. A provider shall not refuse to provide a service if a participant is unable to pay a required  
19 payment. If it is the routine business practice of a provider to terminate future services to an  
20 individual with an unclaimed debt, the provider may include uncollected co-payments under this  
21 practice. Providers who elect not to undertake the provision of services based on a history of bad  
22 debt shall give participants advance notice and a reasonable opportunity for payment. A provider,  
23 representative, employee, independent contractor, or agent of a pharmaceutical manufacturer shall  
24 not make co-payment for a participant. This subsection shall not apply to other qualified children,  
25 pregnant women, or blind persons. If the Centers for Medicare and Medicaid Services does not  
26 approve the MO HealthNet state plan amendment submitted by the department of social services  
27 that would allow a provider to deny future services to an individual with uncollected co-payments,  
28 the denial of services shall not be allowed. The department of social services shall inform providers  
29 regarding the acceptability of denying services as the result of unpaid co-payments.

30 4. The MO HealthNet division shall have the right to collect medication samples from  
31 participants in order to maintain program integrity.

32 5. Reimbursement for obstetrical and pediatric services under subdivision (6) of subsection  
33 1 of this section shall be timely and sufficient to enlist enough health care providers so that care and  
34 services are available under the state plan for MO HealthNet benefits at least to the extent that such  
35 care and services are available to the general population in the geographic area, as required under  
36 subparagraph (a)(30)(A) of 42 U.S.C. Section 1396a and federal regulations promulgated  
37 thereunder.

38 6. Beginning July 1, 1990, reimbursement for services rendered in federally funded health  
39 centers shall be in accordance with the provisions of subsection 6402(c) and Section 6404 of P.L.  
40 101-239 (Omnibus Budget Reconciliation Act of 1989) and federal regulations promulgated  
41 thereunder.

42 7. Beginning July 1, 1990, the department of social services shall provide notification and  
43 referral of children below age five, and pregnant, breast-feeding, or postpartum women who are  
44 determined to be eligible for MO HealthNet benefits under section 208.151 to the special  
45 supplemental food programs for women, infants and children administered by the department of  
46 health and senior services. Such notification and referral shall conform to the requirements of  
47 Section 6406 of P.L. 101-239 and regulations promulgated thereunder.

48 8. Providers of long-term care services shall be reimbursed for their costs in accordance



1 with the provisions of Section 1902 (a)(13)(A) of the Social Security Act, 42 U.S.C. Section 1396a,  
 2 as amended, and regulations promulgated thereunder.

3 9. Reimbursement rates to long-term care providers with respect to a total change in  
 4 ownership, at arm's length, for any facility previously licensed and certified for participation in the  
 5 MO HealthNet program shall not increase payments in excess of the increase that would result from  
 6 the application of Section 1902 (a)(13)(C) of the Social Security Act, 42 U.S.C. Section 1396a  
 7 (a)(13)(C).

8 10. The MO HealthNet division[,] may enroll qualified residential care facilities and  
 9 assisted living facilities, as defined in chapter 198, as MO HealthNet personal care providers.

10 11. Any income earned by individuals eligible for certified extended employment at a  
 11 sheltered workshop under chapter 178 shall not be considered as income for purposes of  
 12 determining eligibility under this section.

13 12. If the Missouri Medicaid audit and compliance unit changes any interpretation or  
 14 application of the requirements for reimbursement for MO HealthNet services from the  
 15 interpretation or application that has been applied previously by the state in any audit of a MO  
 16 HealthNet provider, the Missouri Medicaid audit and compliance unit shall notify all affected MO  
 17 HealthNet providers five business days before such change shall take effect. Failure of the Missouri  
 18 Medicaid audit and compliance unit to notify a provider of such change shall entitle the provider to  
 19 continue to receive and retain reimbursement until such notification is provided and shall waive any  
 20 liability of such provider for recoupment or other loss of any payments previously made prior to the  
 21 five business days after such notice has been sent. Each provider shall provide the Missouri  
 22 Medicaid audit and compliance unit a valid email address and shall agree to receive communications  
 23 electronically. The notification required under this section shall be delivered in writing by the  
 24 United States Postal Service or electronic mail to each provider.

25 13. Nothing in this section shall be construed to abrogate or limit the department's statutory  
 26 requirement to promulgate rules under chapter 536.

27 14. Beginning July 1, 2016, and subject to appropriations, providers of behavioral, social,  
 28 and psychophysiological services for the prevention, treatment, or management of physical health  
 29 problems shall be reimbursed utilizing the behavior assessment and intervention reimbursement  
 30 codes 96150 to 96154 or their successor codes under the Current Procedural Terminology (CPT)  
 31 coding system. Providers eligible for such reimbursement shall include psychologists."; and  
 32

33 Further amend said bill, Page 4, Section 208.670, Lines 7 through 13, by deleting all of said lines  
 34 and inserting in lieu thereof the following:

35  
 36 "patient] the same meaning as such term is defined in section 191.1145.

37 2. Reimbursement for the use of asynchronous store-and-forward technology in the practice  
 38 of telehealth in the MO HealthNet program shall only be allowed for orthopedics,"; and  
 39

40 Further amend said bill, page, and section, Line 17, by deleting the number "2." and inserting in lieu  
 41 thereof the numbers "[2.] 3."; and  
 42

43 Further amend said bill, page, and section, Line 22, by deleting the word "patient" and inserting in  
 44 lieu thereof the words "[patient] participant"; and  
 45

46 Further amend said bill, page, and section, Line 25, by deleting the number "3." and inserting in lieu  
 47 thereof the numbers "[3.] 4."; and  
 48

1 Further amend said bill, page, and section, Line 28, by deleting the number "4." and inserting in lieu  
2 thereof the number "5"; and

3  
4 Further amend said bill and page, Section 208.671, Line 3, by deleting the word "patient's" and  
5 inserting in lieu thereof the word "participant's"; and

6  
7 Further amend said bill, page, and section, Line 5, by deleting the first occurrence of the word  
8 "and"; and

9  
10 Further amend said bill, page, and section, Line 9, by deleting the words "patient and the patient's"  
11 and inserting in lieu thereof the words "participant and the participant's"; and

12  
13 Further amend said bill and section, Page 5, Line 18, by deleting the word "patient" and inserting in  
14 lieu thereof the word "participant"; and

15  
16 Further amend said bill, page, and section, Line 32, by deleting all of said line and inserting in lieu  
17 thereof the following:

18  
19 "participants for medical, mental health, optometric, dental, or other health care"; and

20  
21 Further amend said bill, page, and section, Line 36, by deleting the word "patient" and inserting in  
22 lieu thereof the word "participant"; and

23  
24 Further amend said bill, page, and section, Line 40, by deleting the word "patient's" and inserting in  
25 lieu thereof the word "participant's"; and

26  
27 Further amend said bill and section, Page 6, Line 60, by deleting the word "Patient" and inserting in  
28 lieu thereof the word "Participant"; and

29  
30 Further amend said bill, page, and section, Line 64, by inserting a hard return immediately after said  
31 line; and

32  
33 Further amend said bill, page, and section, Line 66, by deleting the word "patient" and inserting in  
34 lieu thereof the word "participant"; and

35  
36 Further amend said bill, Page 7, Section 208.673, Line 11, by deleting the word "medicine"; and

37  
38 Further amend said bill, page, and section, Line 17, by deleting the word "medicine"; and

39  
40 Further amend said bill, page, and section, Line 21, by deleting the word "and" and inserting  
41 immediately after all of said line the following:

42  
43 "(9) A dentist licensed to practice in this state; and"; and

44  
45 Further amend said bill, page, and section, Line 22, by deleting all of said line and inserting in lieu  
46 thereof the following: "(10) A psychologist, or a physician who specializes in psychiatry,"; and

47  
48 Further amend said bill, page, and section, Line 24, by deleting the number "(9)" and inserting in lieu

thereof the number "(10)"; and

Further amend said bill, page, and section, Line 25, by deleting the comma, ",", after the word "governor"; and

Further amend said bill, page, and section, Line 28, by deleting the word "two" and inserting in lieu thereof the word "three"; and

Further amend said bill and page, Section 208.675, Line 16, by deleting the words "clinic or" and inserting in lieu thereof the word "clinic"; and

Further amend said bill, page, and section, Line 17, by inserting a comma, ",", after the first occurrence of the word "center"; and

Further amend said bill, Section 208.677, Pages 8 and 9, Lines 8 through 21, by deleting all of said lines and inserting in lieu thereof the following:

"(1) An office of a physician or health care provider;

(2) A hospital;

(3) A critical access hospital;

(4) A rural health clinic;

(5) A federally qualified health center;

(6) A long-term care facility licensed under chapter 198;

(7) A dialysis center;

(8) A Missouri state habilitation center or regional office;

(9) A community mental health center;

(10) A Missouri state mental health facility;

(11) A Missouri state facility;

(12) A Missouri residential treatment facility licensed by and under contract with the children's division. Facilities shall have multiple campuses and have the ability to"; and

Further amend said bill and section, Page 9, Lines 27 through 29, by deleting all of said lines and inserting in lieu thereof the following:

"(13) A comprehensive substance treatment and rehabilitation (CSTAR) program;

(14) A school"; and

Further amend said bill, page, and section, Lines 31 and 32, by deleting all of said lines and inserting in lieu thereof the following:

"(16) A clinical designated area in a pharmacy; or

(17) A child assessment center as described in section 210.001."; and

Further amend said bill and page, Section 208.686, Lines 6 through 8, by deleting all of said lines and inserting in lieu thereof the following:

"related to a participant's health and transmission of the data to a health call center accredited by the Utilization Review Accreditation Commission (URAC)."; and

Further amend said bill and section, Page 10, Line 38, by deleting the word "patient's" and inserting in lieu thereof the word "participant's"; and

Further amend said bill, Page 12, Section 334.108, Line 28, by deleting all of said line and inserting in lieu thereof the following:

"(6) Conjunction with an assistant physician licensed under section 334.036;

(7) Consultation with another physician who has an ongoing"; and

Further amend said bill, page, and section, Line 31, by deleting the number "(7)" and inserting in lieu thereof the numbers "[~~(7)~~] (8)"; and

Further amend said bill, page, and section, Lines 32 through 36, by deleting all of said lines and inserting in lieu thereof the following:

"3. No health care provider, as defined in section 376.1350, shall prescribe any drug, controlled substance, or other treatment to a patient based solely on an evaluation over the telephone; except that, a physician, such physician's on-call designee, an advanced practice registered nurse in a collaborative practice arrangement with such physician, a physician assistant in a supervision agreement with such physician, or an assistant physician in a supervision agreement with such physician may prescribe any drug, controlled substance, or other treatment that is within his or her scope of practice to a patient based solely on a telephone evaluation if a previously established and ongoing physician-patient relationship exists between such physician and the patient being treated."; and

Further amend said bill, page, and section, Line 37, by deleting the word "physician" and inserting in lieu thereof the words "health care provider"; and

Further amend said bill and page, Section 335.175, Line 14, by deleting all of said line and inserting in lieu thereof the following: "the same meaning as such term is defined in section 191.1145."; and

Further amend said bill, Pages 13 through 15, Section 376.1900, Lines 1 through 76, by deleting all of said section and lines from the bill; and

Further amend said bill, Page 15, Section B, Lines 1 through 7, by deleting all of said lines and inserting in lieu thereof the following:

"Section B. Because immediate action is necessary to ensure the provision of health care services for and the well-being of Missouri citizens, the enactment of sections 9.154, 191.594, 191.596, 191.1145, and 208.152 of this act is deemed necessary for the immediate preservation of the public health, welfare, peace and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and the enactment of sections 9.154, 191.594, 191.596, 191.1145, and 208.152 of this act shall be in full force and effect upon its passage and approval."; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.